

AUG 7 1998

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

Article Number: Z 203 272 116

Walter Johnson
Chevron Chemical Co.
201 35th Ave.
Council Bluffs, IA 51501

Dear Mr. Johnson:

RE: Chevron Chemical Co.
Council Bluffs, Iowa
EPA RCRA ID No. IAD000651026

Letter of Warning & Request for Information

In December 1997, this office mailed to you the 1997 Hazardous Waste Report (commonly called the Biennial Report) to be completed for hazardous waste activities at your facility for calendar year 1997. All hazardous waste treatment, storage, and disposal facilities and large quantity generators of hazardous waste must complete a biennial report in accordance with Title 40 of the Code of Federal Regulations (CFR) §262.41. The biennial report was due on March 1, 1998. To date, we have not received the report for your facility. If your facility did not treat, store or dispose of hazardous waste on-site, or if you were not a large quantity generator of hazardous waste in 1997, you must return the post card that is included in the back cover of the Report instruction booklet previously mailed to you.

Within fifteen (15) days of your receipt of this letter, you are required to submit the completed 1997 Hazardous Waste Report to the address listed below. In accordance with 40 CFR §2.203(b), a facility may assert a claim of confidentiality covering all or part of its Hazardous Waste Report. All claims of confidentiality will require substantiation. You bear the burden of substantiating your confidentiality claim pursuant to 40 CFR §2.208(e).

Failure to submit the 1997 Hazardous Waste Report could subject your facility to an enforcement action which may include substantial penalties. The penalties sought in such an enforcement action can be up to \$27,500 per violation per day of non-compliance. Your completed 1997 Hazardous Waste Report must be submitted fifteen (15) days to:

Ms. Elizabeth Koesterer (ARTD/RESP)
U.S. Environmental Protection Agency
726 Minnesota Avenue
Kansas City, KS 66101

ARTD:RESP:KOESTERER:BIENREPT.LOW:CHEV_OS.BRS:CDT\7127:04AUG98

KOESTERER
RESP
9/1/98

SLUGANTZ
RESP
8/17/98

HEIMAN
RESP
8/17/98



R00103004
RCRA RECORDS CENTER



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII
726 MINNESOTA AVENUE
KANSAS CITY, KANSAS 66101

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Ms. Elizabeth Koesterer (ARTD/RESP)
U.S. Environmental Protection Agency
726 Minnesota Avenue
Kansas City, KS 66101

In an effort to keep our database current, a copy of your facility location information that we presently maintain in our files is enclosed (RCRIS Handler Report). Please indicate any changes to facility name, address, contact or generator status on this report and return it with your completed 1997 Hazardous Waste Report. If you have any questions concerning this matter, please contact Ms. Koesterer at (913) 551-7673.

Sincerely,

A handwritten signature in cursive script, appearing to read "JoAnn M. Heiman".

JoAnn M. Heiman, Chief

RCRA Enforcement and State Programs Branch
Air, RCRA, and Toxics Division

Enclosure

cc: Joseph Obr, Iowa Department of Natural Resources (w/encl)

August 5, 1998

The information summarized below has been entered into EPA's RCRA Computer Data Base for the INSTALLATION LOCATION AND EPA RCRA Identification Number listed. If any of this information is inaccurate, you may notify us of the change(s) by writing to us, telephoning us, or by completing a Notification of Regulated Waste Activity Form (EPA Form 8700-12), a copy of which is attached, or simply marking any changes on this report and sending it to EPA at:

EPA REGION 7 - ARTD/RESP
726 MINNESOTA AVENUE
KANSAS CITY, KANSAS 66101

Your cooperation in helping us to maintain accurate records is appreciated. If you have any questions, please call our Iowa RCRA Hazardous Waste Inquiry Helpline number (913) 551-7861, and leave a message. Someone will get back to you as soon as possible.

EPA RCRA ID Number: IAD000651026

Name of Company/Installation: CHEVRON CHEMICAL CO-FORMER SITE OF
Location of Installation: 201 35TH AVE
City/State/Zip: COUNCIL BLUFFS, IA 51501
County: POTTAWATTAMIE

Mailing Address: PO BOX 559
City/State/Zip: COUNCIL BLUFF, IA 51501

Installation Contact: WALTER JOHNSON
Job Title: PLANT MANA
Phone Number: (712)366-0578
Contact's Address: PO BOX 559
City/State/Zip: COUNCIL BLUFF, IA 51501

Current Owner of Installation: CHEVRON
Owner's Address: 201 35TH AVE
City/State/Zip: COUNCIL BLUFFS, IA 51501
Phone Number: (515) -

Land Type: Private
Owner Type: Private

TYPE(S) OF REGULATED ACTIVITY: LARGE QUANTITY GENERATOR

Hazardous Wastes Handled: D000, P037, P039, P089, U224

E 11/16/94 N N 08/18/80 1

SIGNATURE

NAME & OFFICIAL TITLE

DATE SIGNED

All information you submit in a notification can be released to the public, according to the Freedom of Information Act, unless it is determined to be confidential by U.S. EPA pursuant to 40 CFR Part 2. Since notification information is very general, the U.S. EPA believes it is unlikely that any information in your notification could qualify to be protected from release. However, you may make a claim of confidentiality by printing the word "CONFIDENTIAL" on both sides of the Notification Form and on any attachments or submittals including this information report. EPA will take action on the confidentiality claims in accordance with 40 CFR Part 2.

Z 203 272 116



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Walter Johnson
Chevron Chemical Co.
201 35th Ave.
Council Bluffs, IA 51501

PS Form 3801

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).**


1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge).
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

105603-93-B-0218

PS Form 3800, March 1993 (Reverse)

UNITED STATES ENVIRONMENTAL
PROTECTION AGENCY
Region VII
726 Minnesota Avenue
Kansas City Kansas 66101

Official Business
Penalty for Private Use \$300

 RETURNED TO SENDER

☐ MOVED, LEFT NO ADDRESS
☐ NOT DELIVERABLE AS ADDRESSED
☐ UNABLE TO FORWARD
☐ ATTEMPTED - NOT KNOWN
☐ UNCLAIMED ☐ REFUSED
☒ NO SUCH STREET NUMBER
☐ DO NOT REMAIL IN THIS ENVELOPE
☐ INSUFFICIENT ADDRESS
☐ NO MAIL RECEIPTABLE
☐ BOX CLOSED NO ORDER

DATE 8-14-98
ROUTE NO. 28
CARR INT 442

CERTIFIED

Z 203 272 11

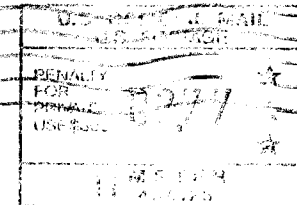
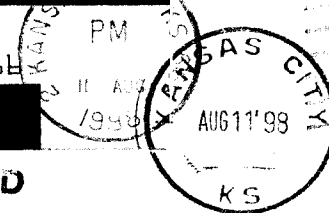
MAIL

REC'D

AUG 17 1998

RESP

Walter Johnson
Chevron Chemical Co.
201 35th Ave.
Council Bluffs, IA 51501



Fold at line over top of envelope to the

SENDER

- Complete items 1 and/or 2 for additional services
- Complete items 3 and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

BRS

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Walter Johnson
Chevron Chemical Co.
201 35th Ave.
Council Bluffs, IA 51501

4a. Article Number

2203 272 116

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 4 U.S. GPO: 1991-287-086

DOMESTIC RETURN RECEIPT

Is your RETURN RECEIPT completed on the reverse side?

Thank you for using